

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
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95 APR 26 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 722391 (0)

1. Corporation Name
MALAGA TOWERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 1920 S. OCEAN DRIVE HALLANDALE FL 33009	Mailing Address 1920 S. OCEAN DRIVE HALLANDALE FL 33009
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/04/1972	3a. Date of Last Report 04/12/1994
4. FEI Number 59-1429262	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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9. Name and Address of Current Registered Agent

**GERSTLE ROSEN MOSKOWITZ & ASSOC. P.A.
ONE TURNBERRY PLACE
19495 BISCAYNE BLVD #785
AVENTURA FL 33180**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83 SAME	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME TOLPEN, HERBERT	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1920 S OCEAN DR	CITY - ST - ZIP HALLANDALE FL	1.2 NAME Herskowitz, Leon	
		1.3 STREET ADDRESS 1912 South Ocean Drive	
		1.4 CITY - ST - ZIP Hallandale, Fl. 33009	
TITLE VPD	NAME DIAMOND, MORRIS	2.1 TITLE VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1912 S OCEAN DR	CITY - ST - ZIP HALLANDALE FL	2.2 NAME Podrog, Walter	
		2.3 STREET ADDRESS 1920 South Ocean Drive	
		2.4 CITY - ST - ZIP Hallandale, Fl. 33009	
TITLE VPD	NAME TAYLOR, MICKEY	3.1 TITLE VSD(2nd)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1912 S OCEAN DRIVE	CITY - ST - ZIP HALLANDALE FL	3.2 NAME Furnail, Albert	
		3.3 STREET ADDRESS 1920 South Ocean Drive	
		3.4 CITY - ST - ZIP Hallandale, Fl. 33309	
TITLE SD	NAME MEISTER, SAM	4.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1912 S OCEAN DRIVE	CITY - ST - ZIP HALLANDALE FL	4.2 NAME Shay, Bernard	
		4.3 STREET ADDRESS 1920 South Ocean Drive	
		4.4 CITY - ST - ZIP Hallandale, Fl. 33009	
TITLE TD	NAME ROSEN, DAVID	5.1 TITLE TD (Asst)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1920 S OCEAN DRIVE	CITY - ST - ZIP HALLANDALE FL	5.2 NAME Fein, Charles	
		5.3 STREET ADDRESS 1912 South Ocean Drive	
		5.4 CITY - ST - ZIP Hallandale, Fl. 33309	
TITLE	NAME	6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME Meister, Sam	
		6.3 STREET ADDRESS 1912 South Ocean Drive	
		6.4 CITY - ST - ZIP Hallandale, Fl. 33009	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Leon Herskowitz* **4-19-95** (305) 454-2977

Signature and Typed or Printed Name of Signing Officer or Director
Leon Herskowitz, President